

*Integrated Performance
Monitoring Report
Sustainability Report
Performance Period April 2006-June 2006*

July 2006

STATE OF HAWAII
Department of Education
Department of Health
Child and Adolescent Mental Health Division
Early Intervention Section

Integrated Performance Monitoring Report

Department of Education

Department of Health

April 2006-June 2006

Introduction

This quarterly performance report reflects the commitment of the Departments of Health and Education to provide accountability for its comprehensive system of educational, behavioral and mental health supports and services to students who require those services to benefit from their educational opportunities. It provides information about the necessary infrastructure and level of system performance for the fourth quarter of fiscal year 2006 (April 2006-June 2006). This report provides the most recent data available regarding services to youth with special needs in Hawaii.

The April 2006-June 2006 period marks one full year since the formal termination of federal court oversight of services for emotionally disabled students. The quarterly analysis and publication of trends regarding the population, services, and performance indicators is a key mechanism for tracking the provision and sustainability of service provision. It provides for recognition of system strengths, and early detection of signs of emerging issues.

Status of Key System Commitments

Over the past decade of service system development, key commitments have remained on the “front burner” because they represent the infrastructure and practices necessary for Hawaii to maintain an effective system of service delivery that reflects community values. These commitments are tracked and reported on in this report primarily through data presentation, including the tracking and interpretation of trends. Key findings for the reporting quarter are:

1. *The system will continue to hire and retain qualified teachers and other therapeutic personnel necessary to educate and serve children consistently.*

For this reporting period, the Department of Education allocated more than 2,091 special education teacher positions in the classrooms throughout the state. Eighty-eight percent of the positions were filled by qualified special education teachers. The Department maintains its continuous recruitment and hiring of qualified teachers to meet the ongoing needs for all schools and complexes across the State. The Department continues to deal with the challenge of filling all of the educational assistant positions needed in the classrooms. More than 85% of School-Based Behavioral Health services continue to be provided to students by employee-based personnel within the Department and the balance through contracted providers.

For CAMHD, as discussed in previous reports, the adequacy of the workforce of qualified mental health care coordinators and central administrative staff continues to diminish. Overall, across the Division there are 64 FTE positions under recruitment, or a 26% vacancy rate for all CAMHD positions. Attention to this at the policy level is needed in order to assure stability to CAMHD's services.

The length of time to fill positions in the Family Guidance Centers (FGCs) under the civil service system continues to influence the provision of case management services. Central Administrative offices vacancies are impacting key infrastructure functions including billing, monitoring and quality management, training, and information systems management.

Five of the seven Family Guidance Centers did not meet the performance goal for filled care coordinator positions. Similarly, the Central Administrative Office did not meet its performance goal of 90% filled positions, as an average of only 71% of these positions were filled in the quarter. Vacancies in key clinical positions continued in the FGCs including two psychologist vacancies at the Family Court Liaison Branch (one vacant since July 2004, the other since January 2005), and a Clinical Director vacancy in Kona (vacant since February 2005).

The statewide average caseload, expected to be in the range of 15-20 youth per full time care coordinator was within the targeted range for the fourth quarter at 19.4 youth per full time care coordinator equivalent (FTE). However, the statewide average is at the high end of the range, and caseloads are at their highest level since performance on this measure began tracking in FY 2002.

The inability to fill positions in a timely manner appears to be impacting a number of other functions for CAMHD in addition to maintaining sufficient infrastructure and access to services. Among these are the measures of consumer satisfaction. This year's overall satisfaction with counseling services was 71% compared to last year's result of 83% satisfaction.

2. *The system will continue to purchase the necessary services to provide for the treatment of children appropriate to the individual needs of the child.*

The number of students identified with Autism Spectrum Disorders (ASD) in the State has increased 6.5% since last year. The Department of Education maintains 36 different contracts with private agencies to provide the following services: assessments, behavioral interventions, intensive services, psychiatric services, and intensive learning centers and schools. Also included are Community-Based Instruction Programs and ASD Programs and Services, on an as needed basis.

The current contracts for private providers will continue through June 2007. The Department has begun developing Requests for Proposals for release in October 2006 to solicit private agencies to provide services to students with autism when the Department does not have the internal capacity to provide the service.

Services procured through the CAMHD request for proposals (RFP) for Comprehensive Behavioral Health Services for Children, Youth and Families were awarded to begin on July 2006. Services were sought to reflect best practices, evidence-based services, and most promising interventions for youth and families. The Interagency Performance Standards and Practices Guidelines (IPSPG), as well as a description of the CAMHD service array, are available on a link to the CAMHD website at <http://www.hawaii.gov/health/mental-health/camhd/news/index.html>.

3. *The system will monitor itself through a continuous quality management process.*

The Department of Education maintains an Information Management system (Integrated Information Management System-ISPED) to monitor and sustain high levels of system performance. Key system performance indicators for this quarter provided evidence of the system meeting the goals for timeliness, accessibility, and appropriateness of support and services.

The Department is presently working on replacing the present ISPED system with an integrated system that will merge ISPED with two other separate web applications, CSSS and SSIS. This will enable relevant student data to be accessed through one integrated data base system.

Issues that the Department of Education continues to address are reducing the number of due process hearing requests and 100% acceptable internal monitoring reviews by all complexes.

CAMHD's Performance Management system monitors performance at all levels of service delivery and actively uses data to make decisions about adjustments to its program. The overall results for the reporting quarter, based on analysis of performance presented in this report, suggest that in many areas, CAMHD's functioning is comparable to that of previous quarters. However, due to the continued and growing problem of vacancies experienced across the Division, there was an erosion in a number of critical areas including caseloads, access to services, consumer satisfaction, Family Guidance Center performance, and committee measures. Almost half (45%) of CAMHD's measures were not met in the quarter compared to 21 % last quarter.

Human resources, particularly hiring and retaining qualified mental health care coordinators and central office administrative staff continue to challenge CAMHD's ability to maintain a stable service delivery infrastructure. The total number of youth served declined, and the total size of the CAMHD population was smaller this quarter than it was a year ago. Service utilization trends for Hospital continued to decrease, and the use of Community Residential services reversed the increase seen last quarter. Utilization of Therapeutic Foster Homes also continued to decrease over previous quarters, but increased over the same period last year.

Overall, many of the core infrastructure measures are showing signs of erosion and of impacting other areas of CAMHD's system. These data should serve as an early

detection indicator to the state that interventions are needed to ensure that the gains made over the past decade, particularly outcomes for youth, are maintained.

The Interagency Quality Assurance system continued to be implemented statewide, with activities at the local and state levels. The Statewide QA Committee convened its annual retreat this quarter, and selected its priority initiatives that revolve around sustaining a quality system of services for youth with special needs. Priorities include activities to improve access to services, improving the use of data, the completion of a memorandum of understanding regarding interagency quality assurance activities, and monitoring of district-level QA practices.

Internal Reviews conducted in the school complexes marked the end of the fourth year of implementing an internally driven system for examining the performance of local service systems in providing services and supports for students with special needs. All 41 complexes have completed internal or external reviews through the fourth quarter. Careful monitoring of the implementation of activities, and more focused review of the child and system findings in the Internal Review by the Complex Quality Assurance Committee will be needed.

Previous and current performance data for the Departments are available through Departmental websites: (<http://165.248.6.166/data/felix/index.htm> and <http://www.hawaii.gov/health/mental-health/camhd/index.html>).

4. *The system will ensure teachers, therapists, and other support staff continue their professional development and improve their skills and knowledge of effective educational and therapeutic methods and techniques.*

The Department of Education continued to conduct seminars and training for teachers in data collection and analysis, classroom management, and the referral process. Online courses continued to be offered statewide for teachers in a variety of subject areas to improve classroom instruction. Technical assistance by resource teachers were conducted with follow up observation and visits with special education and regular education teachers. Training for educational assistants continued to be offered this quarter to meet the requirements of the “No Child Left Behind” Act. As of June 2006, 504 (99%) of the 508 new teachers hired were trained on reading strategies for special needs students.

CAMHD’s Practice Development section continued to provide several on-going training programs this quarter. Work on CAMHD’s grant-funded initiative to minimize the use of seclusion and restraint in residential treatment facilities continued.

Report Format

Following this brief introductory overview, the report format is as follows. The second section reports on the results of Integrated Monitoring conducted by the DOE and DOH during the quarter. Complexes and Family Guidance Centers conduct this evaluation of system performance through aggregated data and results of case-based reviews.

Community members also participate in the reviews that continue to provide information for local service delivery improvements. Future reports written for public consumption will combine information on Internal Reviews and the Statewide Quality Assurance system into a new section titled Integrated Accountability System.

The third section presents information specific to the DOE. This section has two major sections: Infrastructure and Performance.

The fourth and fifth sections contains information specific to the Department of Health (DOH). Within this section are reports from Child and Adolescent Mental Health Division and Early Intervention Services.

Within each of the sections, primarily in the summary, the Departments include their specific commitments to address issues that are identified. For issues related to Integrated Performance Monitoring, both Departments make the improvement commitments jointly.